

REIMBURSEMENT REQUEST

REQUIRED DOCUMENTS for the Coronavirus Relief Fund



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All Claims will require a Payment of Funds Request Form (Claim Summary):

- ✓ This document includes a summary of total cost per Coronavirus Relief Fund cost category being claimed by the Applicant, in addition to a signature block section
- ✓ To download the template, click here: <https://grants.tdem.texas.gov/site/Forms.cfm>
 - Scroll to the "Coronavirus Relief Fund (CRF) Forms" section.
 - Click on the "Payment of Funds Request Form (CRF Awards Only)" link.
 - The template will automatically download.

LABOR COSTS

- A. Public Health and Public Safety – As defined by Treasury guidance dated 9/2/2020:** Public safety employees would include police officers (including state police officers), sheriffs and deputy sheriffs, firefighters, emergency medical responders, correctional and detention officers, and those who directly support such employees such as dispatchers and supervisory personnel. Public health employees would include employees involved in providing medical and other health services to patients and supervisory personnel, including medical staff assigned to schools, prisons, and other such institutions, and other support services essential for patient care (e.g., laboratory technicians) as well as employees of public health departments directly engaged in matters related to public health and related supervisory personnel
- ✓ Claim Summary (referenced above)
 - ✓ Payroll Policy
 - ✓ Payroll Register
 - ✓ Employee roster detailing employee's titles and departments
 - *Should include the employee's pay rate and fringe benefit rate*
- B. Other Employees**
- ✓ Claim Summary (referenced above)
 - ✓ Payroll Policy
 - ✓ Payroll Register
 - ✓ Employee roster detailing employee's titles and departments
 - *Should include the employee's pay rate and fringe benefit rate*
 - ✓ Documentation detailing the specific tasks performed to respond to COVID-19
 - *i.e. Timesheet with details of tasks, duties, or responsibilities*
 - *If a timesheet lacks this information, a separate supplementary list can be assembled and included*
- C. For Hazard Pay Claims,** provide documentation that proves that an employee was performing a hazardous duty or work involving physical hardship that in each case is related to COVID-19.

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EQUIPMENT COSTS

A. Public Health and Public Safety related equipment – i.e. police car, ambulance, etc.

- ✓ Claim Summary (referenced above)
- ✓ Equipment log detailing the hours and associated rate that matches the claim
 - *This can be based on hours or mileage*
- ✓ Documentation supporting the applicant's ownership of the equipment

B. Other equipment

- ✓ Claim Summary (referenced above)
- ✓ Equipment log detailing the hours and associated rate that matches the claim
 - *This can be based on hours or mileage*
- ✓ Documentation supporting the applicant's ownership of the equipment
- ✓ Documentation detailing the specific task related to COVID-19

MATERIALS

A. Claim Summary (referenced above)

B. Invoice or receipt for each expense claimed and the related purchase order, if applicable

C. Proof of payment for each expense claimed

- ✓ Either a cancelled check or bank statement (if paid electronically)

CONTRACT COSTS AND RENTALS

A. Claim Summary (referenced above)

B. Finalized contract signed and agreed to by both parties, as well as supporting schedules and any subsequent contract modifications

C. Invoice or receipt for each expense claimed

D. Proof of payment for each expense claimed

- ✓ Either a cancelled check or bank statement (if paid electronically)